September 2012

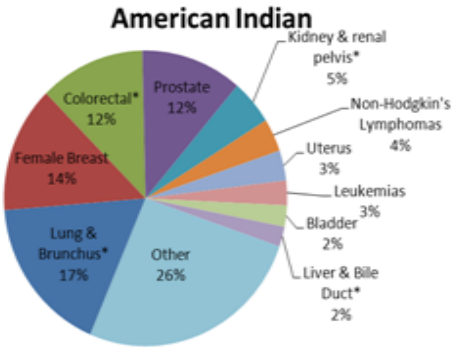
Montana Central Tumor Registry Newsletter

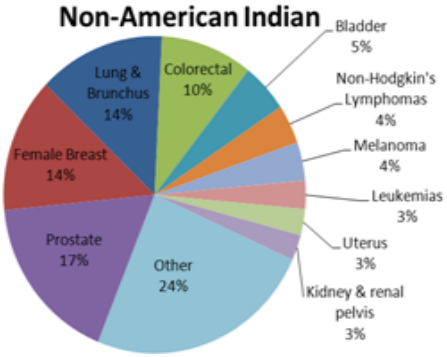
MONTANA CANCER CONTROL PROGRAMS
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

Cancer among American Indians in Montana

Cancer Incidence

- Approximately 220 American Indians are diagnosed with cancer each year. There are a total of 5,000 cases of cancer diagnosed in Montana each year.
- All-site cancer incidence rate was higher among American Indians than Whites.
  - ◊ American Indian, age-adjusted incidence rate: 607.4 per 100,000 people
  - ◊ White, age-adjusted incidence rate: 479.2 per 100,000 people
- Four types of cancer account for 55% of all cancers diagnosed among American Indians in Montana. Those cancers are: lung, female breast, colorectal, and prostate. These same four cancers also account for 55% of all cancers diagnosed among Whites in Montana.
- The occurrence of five different cancers were higher among American Indians compared to Whites in Montana, which include:
  - ◊ **Lung Cancer**: Likely due to greater prevalence of cigarette smoking
  - ◊ **Colorectal Cancer**: Likely due to lower screening rates
  - ◊ **Kidney Cancer**: Likely due to greater prevalence of cigarette smoking
  - ◊ **Liver Cancer**: Likely due to increased alcohol use
  - ◊ **Stomach Cancer**: Likely due to greater prevalence of cigarette smoking and to high infection rate of *H. pylori* (a bacterial infection known to be associated with stomach cancer)
- The smoking prevalence among American Indian adults in 2011 was 48% compare to 22% among All Races.
- Cigarette smoking is known to cause leukemia, bladder, cervical, esophageal, kidney, laryngeal, lung, oral, pancreas, and stomach cancers.
- The occurrence of melanoma was lower among American Indians compared to Whites in Montana.





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MONTANA DPHHS
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Meet the Registrar

Tammy Omlie
Northern Montana Hospital—Havre

Hello fellow Tumor Registrars

I am Tammy Omlie from the Hi-Line. I have been the Tumor Registrar for Northern Montana Hospital since 2000. I have been the secretary for the Montana Cancer Registrars Association for the last four years.

I have been an employee at Northern Montana Hospital for 25 years. I do chart analysis, scanning, birth certificates, death certificates as well as trauma registry. I also have a certificate in transcription.

I am single and I have an 18 year old son Logan, who will be graduating from high school this January and I am very proud of him. We have two daschunds, Sparta and Jazzy, and a cat named Motzie. I also work at Guadalajara restaurant in the evenings

In my very little spare time I enjoy bowling, scrap booking and spending time with my friends.

Laura Biazzo—now Laura Williamson

Hi Everyone,

My name has changed! This August my fiancé Mike and I were married in Helena. Family and close friends traveled from all over Montana and the country to celebrate with us. We had a super fun wedding weekend that went off with only one hitch!

Mike and I spent two weeks in Europe for our honeymoon. We spent the first week mountain biking in the Alps. We biked from Chamonix, France to Zermatt, Switzerland over 6 days covering 175 miles. It was certainly a long and tough ride (we spent our summer 'training' for our honeymoon!). But it was a bike ride of a lifetime! The Alps are stunning and so BIG. I have never seen such amazing views. Each day we would ride the trails up and over the mountains into small Swiss villages to spend the night. On Day 6 we finally made it to the famous Matterhorn (picture).

After our epic bike ride we spent 5 days in the Cinque Terre, Italy. There we sat on the beach and enjoyed great Italian food. It was delightful and well deserved!

Now it's back to 'real life' in Montana. However, Mike and I are already planning our next travel adventure!

Bladder Cancer—How Many Primaries?

Rule M6 in the Multiple Primary and Histology coding rules has caused great confusion among our registrars trying to decide how to sequence bladder primaries and how many can a patient have.

Here's the rule of thumb:

One per lifetime

Here's the rules:

- Each patient may only have one invasive urothelial bladder cancer per lifetime.
  - ◊ Once a patient has an invasive urothelial bladder cancer, subsequent non-invasive or invasive urothelial bladder cancer is considered the same primary.
- Each patient can only have one non-invasive urothelial bladder cancer per lifetime.
  - ◊ This must occur prior to an invasive urothelial bladder cancer. If it occurs after the malignant tumor, it is not a new primary.

Then what is urothelial? Urothelial tumors include histology codes 8120, 8130, 8131, 8082, 8122, 8031, and 8020. Table 1 (Urothelial/Transitional Cell Tumors) is shown on page 64 of the MPH rules to help clarify what urothelial types are.

Example:
A patient with a history of recurrent papillary transitional cell carcinoma of the bladder originally diagnosed in 1997 now presents for a TURB and is found to have urothelial cell carcinoma. Is this a new primary? No, per rule M6.

Sources: NAACCR CR Webinar March 2011, SEER Sinq

Certificate of Excellence Recipients

The following facilities received a certificate for the 2012 Second Quarter, acknowledging their timeliness in reporting. Ninety percent of their cases were reported within 12 months.

Facility	City
Physicians:	
Tallman Dermatology	Billings
Advanced Dermatology of Butte	Butte
Dermatology Assoc of Great Falls	Great Falls
Helena Dermatology	Helena
Associated Dermatology	Helena
Dermatology Associates	Kalispell
Dr. Mark Stewart	Missoula
Hospitals:	
Big Sandy Medical Center	Big Sandy
Billings Clinic	Billings
Bozeman Deaconess Hospital	Bozeman
Rosebud healthcare Center	Forsyth
Glendive Medical Center	Glendive
Sletten Cancer Center	Great Falls
Kalispell Regional Medical Center	Kalispell
Central Montana Medical Center	Lewistown
St. Patrick Hospital	Missoula
Clark Fork Valley Hospital	Plains

Coding Pitfalls—Q & A

Source: NAACCR Webinar 09/06/2012

Q: What is the grade code for high grade soft tissue sarcoma?

A: You need to know the primary site. For certain sites with sarcoma, grade is coded in CS SSF1. Those sites can be found on page 11 of FORDS. For example, if primary was high grade sarcoma of peripheral nerve of face (C47.0), high grade would be coded in SSF1, not in the grade data item IF you are following FORDS coding instructions.

Q: -In order to verify for our surgeons that the patient had a biopsy prior to mastectomy is it okay to enter 02 for biopsy to breast in the Surgical Diagnostic and Staging Procedure data item if the biopsy is negative (example: borderline carcinoma in situ)? Our surgeons want to verify that a biopsy was performed prior surger-y.

A: Negative biopsy should not be coded in Surgical Diagnostic and Staging Procedures per the coding instructions in FORDS 2012 page 123. “Only record positive procedures. For benign and borderline reportable tumors, report the biopsies positive for those conditions. For malignant tumors, report procedures if they were positive for malignancy.”

Q: What code would be used if the axillary nodes removed by sentinel lymph node biopsy were positive?

A: -If axillary nodes are positive on sentinel node biopsy and axillary node dissection was NOT done, then the code for scope of regional lymph node surgery would still be 2. If axillary node dissection was also performed, assign the appropriate combination code, 6 or 7, depending on if the procedures were- performed at the same time or different times.-

Q: -If CT of kidney says consistent with renal cell carcinoma, is that sufficient for a date of diagnosis?

A: -"Consistent with" is ambiguous terminology that constitutes a diagnosis of cancer. The CT could be used to code the date of diagnosis.

Q: -If you have a suspicious neoplasm of breast on mammogram is this reportable?-

A: No. "Neoplasm" has a behavior code of /1 (borderline malignancy). Borderline malignancy cases are only reportable if the primary site is in the central nervous system.- Ambiguous terminology must be used with a reportable term to be reportable.

Q: If a physician makes a clinical diagnosis of cancer after a suspicious cytology but before a positive tissue biopsy, what is the date of diagnosis?

A: In that case the date of diagnosis would be the date the physician made the clinical diagnosis of cancer.